
BREAST AND CERVICAL CANCER MEDICAID (BCCM)

REVISED 03/22/2019 – CHANGE NO. 07-19

I. INTRODUCTION

Breast and Cervical Cancer Prevention and Treatment Act of 2000 provides Medicaid coverage to women diagnosed, and who are in need of treatment for, breast or cervical cancer and/or precancerous conditions of the breast or cervix.

This coverage provided under the [Breast and Cervical Cancer Control Program \(BCCCP\)](#) is a screening service for early detection of breast and cervical cancer. Local health departments, community health centers, and other designated medical facilities provide screening for BCCCP.

A. To be enrolled and screened for breast and cervical cancer by the BCCCP the woman must:

1. Be under age 65
2. Have income at or below 250% of the current Federal Poverty Level
3. Not be enrolled in any creditable medical insurance coverage, including Medicare Part B and/or Medicaid.
4. A woman who moves to NC and was BCCCP enrolled and receiving treatment under the treatment act in another state must be enrolled in NC BCCCP and found to need continued, ongoing treatment. The NC BCCCP provider should submit an application to the local agency for determination of BCCM.

B. Individuals must meet non-financial requirements.

II. BCCM ELIGIBILITY

A. To be eligible for breast and cervical, the woman must:

1. Be enrolled and screened for breast or cervical cancer through the BCCCP. BCCCP must determine that she needs treatment for either breast or cervical cancer including pre-cancerous conditions and early stage cancer.
2. **Not** have any creditable medical insurance coverage, including Medicare.

The following types of coverage are creditable medical insurance coverage:

- a. A group medical plan,
- b. Medical insurance coverage, which is benefits consisting of medical care under any hospital or medical service policy or certificate, hospital or medical services plan contract, or HMO organization contract offered by a medical insurance issuer,
- c. Medicare A and/or B,
- d. Medicaid,
- e. Armed forces insurance,
- f. A state medical risk pool.

A woman with creditable medical insurance coverage is ineligible for BCCM. However, if the insurance coverage consists solely of limited benefits such as accidents or limited-scope dental, vision, or long term-care she may be eligible for BCCM. There may also be limited circumstances where a woman has major medical insurance, but she is not actually covered for treatment of breast or cervical cancer.

In this situation, she would meet the requirement for having no creditable medical insurance coverage.

3. Not be eligible for another Medicaid benefit

Do not authorize the woman for BCCM if she is eligible for another Medicaid benefit, except those eligible for the Family Planning Program (FPP). If the woman is potentially eligible for MAF-M (medically needy), authorize her for MAF-M if her medical expenses to meet the deductible have been incurred as of the date of the BCCM application.

4. Be age 18 through 64.

5. Meet other general eligibility requirements for Medicaid.

- a. Be a citizen of the U.S. or be an alien who meets the criteria contained in MA-3332, US Citizenship Requirements and/or MA-3330, Alien Requirements.

NOTE: If the woman is an alien limited to emergency medical care only, she may still be able to receive Medicaid coverage related to an "emergency condition," other than services related to an organ transplant. Breast or cervical cancers may be identified at various stages.

- b. Be a resident of North Carolina as defined in MA-3335, State Residence.

- c. Not be an inmate of a public institution. Note that individuals incarcerated in a NC Department of Public Safety, Division of Prisons (DOP) facility have their eligibility placed in suspension. Refer to MA-3360, Living Arrangement.
 - d. Not be authorized for Medicaid in another assistance category, county, or state. Refer to MA-3200, Application, MA-3335, State Residence, and MA-3340, County Residence. Refer to V.B.
 - e. Furnish a Social Security number or apply for a number, if required. Refer to MA-3355, Enumeration Procedures.
 - f. Cooperate with the local child support enforcement agency in establishing paternity and securing medical and child support for any child who is currently receiving Medicaid. Refer to MA-3365, Child Support and MA-3205, Post Eligibility.
- B. There is no income or asset test for this Medicaid coverage group. The applicant/recipient meets the Medicaid income and asset test based on eligibility for BCCCP.**
- C. Beneficiary is not required to meet Caretaker/Relative requirements.**
- D. If she is an alien limited to emergency medical care only, she may still be able to receive Medicaid coverage related to an "emergency condition," other than services related to an organ transplant. Breast or cervical cancers may be identified at various stages.**
- E. If the woman is a qualified alien, verify the authenticity of the alien document, and the date of admission using SAVE, Systematic Alien Verification for Entitlement Program.**
- F. If the woman states she is disabled but not receiving disability, process the application for BCCM. Advise the applicant to apply for MAD. Once she is approved for Medicaid for the Disabled, close the Breast and Cervical Cancer Medicaid. Ensure there are no gaps in eligibility coverage.**

III. APPLICATION

- A. The BCCM application ([DMA-5079](#)) is completed by the BCCCP provider.**
- B. The BCCCP provider faxes or mails the DMA-5079 to the local agency.**

Local agency must establish and maintain a fax/mail-in log to register and track all BCCM applications.

C. The application is considered complete when received in the local agency and:

1. The DMA-5079 is signed and dated by the applicant and BCCCP coordinator/staff.
2. Section I and Section II (name, home address, social security number, and date of birth) are completed.
3. The [DMA-5081](#), Verification of Screening, Diagnosis and Treatment is included, and is:
 - a. Signed by a physician
 - b. Has patient's name
 - c. Includes date of diagnosis
 - d. Estimated length of treatment

D. The application date is the date the complete DMA-5079 and DMA-5081 are received in the local agency.

E. The local agency faxes the DMA-5081 to Division of Health Benefits, Eligibility Services; for submission to Division of Public Health (DPH). Once DPH determines treatment criteria and establishes needed months of treatment; the DMA-5081 is faxed back to the local agency from DHB.

F. There is no income or resource test for BCCM. The A/B meets the Medicaid income and resource test based on eligibility for BCCCP.

G. The caseworker evaluates for all Medicaid programs before approval under BCCM:

1. If incurred medical expenses meet a deductible as of the date of the BCCM application; authorize as MAF-M/medically needy.
2. If applicant claims disability, but has not been determined disabled, evaluate for MAD and approve BCCM.

H. Classification Codes

1. W - Citizen receiving full coverage benefits
2. T - Qualified alien receiving full coverage benefits
3. U - Qualified alien eligible for emergency services only

4. V - Non-qualified alien eligible for emergency services only

I. Women receiving BCCM are eligible for Medicaid funded transportation.

Follow Job Aid: Breast and Cervical Cancer Medical Assistance

IV. RETROACTIVE COVERAGE

- A. The applicant may request up to 3 months of retroactive coverage under BCCM.**
- B. Retroactive coverage only applies if, as of the earlier date, the woman met all eligibility requirements. This includes having been screened and found to need treatment for breast or cervical cancer in the retroactive month.**
- C. The retroactive months are separate from the ongoing certification period.**

V. CERTIFICATION

The certification period is based on the woman's course of treatment as established by a physician and approved by the Division of Public Health (DPH). This information is provided on the DMA-5081.

- A. The certification period begins with the first day of the application month the woman is found to meet all eligibility requirements for BCCM, as stated on the DMA-5081.**
- B. The certification period ends on:**
 1. The twelfth month, or
 2. The last month of the estimated period of treatment stated on the DMA-5081, if less than 12 months.
 3. A woman is not limited to one period of eligibility. A new period of eligibility and coverage would occur each time a woman is screened through BCCCP and is found to need treatment of breast or cervical cancer.

VI. RECERTIFICATION

A recertification must be completed before the end of the certification period. Women must be evaluated for all other Medicaid programs prior to being recertified as BCCM.

When a woman is found ineligible for all other Medicaid programs, evaluate for continuing BCCM eligibility:

- A. Ex-parte process**

1. All recertifications must be completed as ex-parte using electronic data sources and available agency records first to determine continued eligibility.
2. The caseworker is required to:
 - a. Conduct all electronic matches, including OVS
 - b. Check other available records
 - c. Contact beneficiary only if continuing eligibility cannot be determined by available information

B. Mail DMA-5081R, Recertification for Continuing BCCM Eligibility to the BCCCP screening provider.

1. When the BCCCP provider returns the DMA-5081R; fax it to DHB Eligibility Services.
2. Once DPH determines treatment criteria and establishes needed months of continued treatment, the DMA-5081R is faxed to the local agency.

C. Once the local agency receives the DMA-5081R, complete the recertification.

1. If continuing need of treatment is established, recertify for the appropriate months of treatment indicated, not to exceed 12 months.
2. If there is no continuing need of treatment, evaluate for all other programs

D. A woman is not limited to one period of eligibility. A new period of eligibility and coverage would occur each time a woman is screened through BCCCP and is found to need treatment of breast or cervical cancer.

VII. CHANGE IN SITUATION

A. Evaluate for all other Medicaid programs when the woman

1. Turns 65 years old
2. Has obtained creditable medical insurance coverage; including Medicare, or
3. Is no longer receiving treatment for cancer

B. If the beneficiary is no longer eligible, terminate the BCCM and send timely notice.

C. Notify the BCCCP Coordinator using the ‘authorized representative’ field for terminations.

D. Refer to Long-Term Care Budgeting, if the woman enters a long-term care facility. Compute a patient monthly liability and enter into NC FAST. Advise the woman to apply for Medicaid for the Disabled (MAD).

VIII. APPEALS AND HEARINGS

Follow section MA-3430 – Notice and Hearings Process for Medicaid eligibility appeals.